



Webinar Transcript | May 3rd, 2022

The Basics of Medicare Eligibility for Ryan White HIV/AIDS Program (RWHAP) Clients Q&A

Molly Tasso: Before we move on, I am just going to introduce our Medicare Expert Panel. We've got with us today Mira Levinson, Liesl Lu, and Christine Luong are also from the ACE TA center in JSI. We also have Amy Killelea, who is an independent consultant providing public health policy and financing expertise to governmental public health agencies, nonprofits payers and providers. Amy's focus includes HIV and hepatitis programs, public and private insurance coverage, public health, and healthcare financing strategies and medication access and pricing. And then we also have with us Anne Callachan, who's joining us from the Community Research Initiative in Boston, Massachusetts. She is a staff member of the Massachusetts ADAP program, which is called HDAP, the HIV Drug Assistance Program. Anne is the team lead for their BRIDGE Health Insurance Enrollment team, which stands for Benefits Resources Infectious Disease Guidance and Engagement. And in coordination with the Mass Department of Public Health, the BRIDGE team assists people with HIV in navigating insurance enrollment, supporting access to infectious disease, drug assistance, and preventing gaps in treatment in care.

Molly Tasso: Anne has also completed a Medicare training program and serves as a certified SHINE counselor. A SHINE counselor is known also as a SHIP counselor or the State Health Insurance Assistance Program. Sorry, SHINE is also known as SHIP, which is the State Health Insurance Assistance Program in most other states in the country. With that, let's get started with our questions. I'm first going to ask Amy or Anne to chime in on this question that we've actually gotten in a number of our presentations, as well as through email. It's a common question we received. We're going to start off with this. How can I get Medicare and the Social Security Administration to bill a client for a Part B premium so that the client's Part B Medicare can be paid by Ryan White funds? We've often heard that Medicare and the Social Security Administration, those offices sometimes say that it's



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the other person's purview and responsibility to respond. I'm hoping someone can, Anne or Amy, can tackle this one.

Amy Killelea: I'm happy to jump in on this one. Hi, everyone. This is Amy. As Molly says, this is a perennial sort of question and challenge. The sort of most direct answer is that if, for Ryan White client is collecting income from Social Security, they cannot get direct billed for their Medicare Part B premium, as it gets automatically deducted from that Social Security check. That is just the way the Social Security checks and the Medicare Part B premiums are administered, and there is no way to change that. So that makes it all but impossible for Ryan White Part B to pay for, or Ryan White, any parts, to pay the part of the Medicare Part B premium that is due. There has been some exception that folks have seen in a client collecting a small amount of SSI that didn't cover the entire Part B premium.

Amy Killelea: That exception is that, the client was billed the difference, so the premium bill went directly to the client. There was no need for a Ryan White recipient to pay the Social Security Administration just for the Part B premium. That's the difference there. I will say, there have been advocates, both at the state level from Ryan White Part B and ADAP's, and then at the national level who have really been working on this issue. I want to note that it is indeed a problem. Ryan White funds can be used to pay the Part B premium, but in the sort of practical sense, it has been very, very difficult in most instances. I don't know, Anne, if you want to add anything to this.

Anne Callachan: I guess the one thing I wanted to add when you were just talking about the Ryan White funds that can be used, we generally can't reimburse a client directly. I think this might be related to another question that came in the chat. I'm sorry about that. Clients need to be direct billed for their Part B premium for the Ryan White programs to generally be able to pay for that coverage. Sorry, if I got a little off topic there.



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Molly Tasso: No. Thanks, Anne.

Anne Callachan: Or answered the wrong question.

Molly Tasso: No worries. If you actually want to stay on, Anne, we have a question here, what is the dollar amount of Medicare Part B deductible?

Anne Callachan: This amount does change annually, but in 2022, the Part B deductible is \$233. It can sometimes go higher for a client who are maybe being... Not a late enrollment penalty, excuse me, for households whose income is higher.

Molly Tasso: Thank you. I have a question here for Christine, again, who you heard on the webinar recording. Thank you for joining us today live. Question here, in the conversation of how a person becomes eligible for Medicare, disability being one of the pathways, does the disability have to be HIV related in order to qualify for Medicare?

Christine Luong: Thanks, Molly. That's a great question. No. In order to qualify for Medicare via the disability pathway, the disability does not have to be related to HIV. How they categorize that is the person must have what's called a qualifying disability and have received Social Security Disability Insurance Benefits, SSDI Benefits, for at least 24 months. Those 24 months don't have to be consecutive. As long as you have a qualifying disability, you've received SSDI for at least 24 months, then you can become eligible for Medicare privilege. Just another reminder that, being HIV positive alone, just having a diagnosis of HIV, that by itself is not considered a qualifying disability according to Social Security.

Molly Tasso: Great. Thank you, Christine. Let's see here. I'll put this to the group. If a provider does not take a Medicare Advantage plan, could they use original Medicare to be seen?

Anne Callachan: I'm happy to answer this. The answer is no. The second you've enrolled in a Medicare Advantage plan, the insurance



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carrier for that plan becomes your primary payer. And so, you can't alternate between Medicare Advantage plans and original Medicare based on the provider you're seeing. You could try to see if there is a five-star Medicare Advantage plan that your provider accepts, and maybe try to enroll from the one that you're in the Medicare Advantage plan you're in, into a different five-star plan. You can also, if you're in the Medicare Advantage Open Enrollment Period, which runs from January 1st to March 31st, you could go back to original Medicare and enroll in a Part D plan.

Molly Tasso: Great, thank you. Liesl, I have a question for you if you are available. This is from a provider. Our patients are asking to keep us as their provider as they age into Medicare, how can we and they, ensure that, that happens?

Liesl Lu: Sure. Clients who want to continue to be able to see their existing providers should carefully consider their options when choosing original Medicare, so Parts A and B versus a Medicare Advantage. They want to see who's included in the plan and Medicare Advantage plans may limit their provider network, but you can shop for a plan that allows them to keep some or all of their providers. It's just a matter of looking into the plans and if those providers are covered.

Molly Tasso: Great. Thanks, Liesl. Anne, we have a question here for you. There's a few questions in here, but we'll start with the first one. What would be a situation in which an individual is only eligible for Part A and not Part B aside from employer coverage?

Anne Callachan: Give me a second. I really thought I could sort of answer this on the fly. What would be a situation in which an individual is only eligible for Medicare Part A and not Part B aside from employer coverage? It is frequently up to somebody's employer which parts of Medicare they would want an employee to enroll in when an employee becomes Medicare eligible. I'm hoping that sort of answers that question.



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- Molly Tasso: Great. And then sort of second part of that, or the rest of the question also, what happens if premiums on Part B are not paid, are there penalties for re-enrollment outside of the general enrollment period and will premiums need to be settled before coverage can begin anew?
- Anne Callachan: Yes, that is a lot of questions in it. Part B premiums that go unpaid, the Part B coverage will term, and the client would then need to wait for an eligibility period to re-enroll. They might need to wait for the Medicare general enrollment period, which runs from January 1st to March 31st, for coverage, that would be effective on July 1st. But if they're maybe suddenly transitioning off of employee or sponsored insurance, they might qualify for a special enrollment period to enroll in Part B outside that general enrollment period. Yes, there are late enrollment penalties if you're eligible for Part B and that Part B coverage terms for nonpayment, and yes, typically, you would need to settle any past due balance you owed on Part B the term for nonpayment before your new Part B coverage could start.
- Molly Tasso: Thank you so much, Anne. I apologize for throwing so many questions at you. We're going to throw a few to Amy now. Amy, is Part A and B covered by ADAP.
- Amy Killelea: Here I am. I'm going to sort of specify. We'll walk through the different parts here, sort of unpack this question. For Medicare Part A, the Medicare Part A premium that might be due or Medicare Part A cost sharing cannot be covered by any Ryan White recipient. Part A, as you remember, covers hospitalizations and inpatient services, those are not allowable services under the Ryan White program, so that is not an allowable cost that Ryan White recipients can take on. Now, for Medicare Part B, let's talk about the premiums. We talked about that is allowed to be covered by Ryan White recipients, but for the premiums, it is practically incredibly hard, if not impossible, for Ryan White recipients to cover that.



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- Amy Killelea: And when we're talking about Medicare Part B cost sharing, that is an allowable expense that Ryan White recipients can cover as long as they're also covering a prescription drug cost sharing or premium. We're going to chat out the HAB PCN 1801 that walks through all of the... There's actually, if you scroll down to the bottom of that PCN, there's a very helpful chart that walks through, there are some different rules for ADAP and the other Ryan White recipients that we won't go through right this second, but take a look at that chart and it will sort of walk through which parts of Medicare line up with which parts of the Ryan White program can cover which services.
- Molly Tasso: Great. Thank you. Yes, Amy, very cute dog. Happy to have that join. I'm going to send it to my colleague Christine again. What about someone who is turning 65 and has Medicaid, which one, Medicaid or Medicare, becomes the main insurer? I think what is being asked here is sort of around the topic of dual eligibility.
- Christine Luong: Thanks, Molly. Great question. I know dual eligibility can be kind of a tricky topic and so we encourage you, if you have more questions about dual eligibility, join us for part four in our webinar series, that's going to be on June 8th. To answer your question, Molly, if someone currently has Medicaid coverage and then also becomes eligible for Medicare, through whatever pathway aging disability, et cetera, the general rule of thumb in that case is that Medicare becomes the main payer for all services that Medicare will usually cover anyway. After that, Medicaid becomes a secondary payer and they'll cover any services that Medicare either doesn't cover or only covers partially. At that point, if there are any remaining costs, the Ryan White program and ADAP may be able to cover those, as well.
- Molly Tasso: Great. Thank you. Christine, a few more for you. Is there a path that would permit HIV to be a qualifying disability?



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Christine Luong: In addition to what I had said earlier, what I answered to a previous question, HIV by itself is not a qualifying disability that would allow someone to become eligible for Medicare. However, someone with HIV who also meets other HIV-related criteria, for example, like having a low CD4 count, that can qualify you for disability benefits. We can also chat out a link to a document, it's actually from the Duke Law Center, that document has a lot more detail about what qualifies someone with HIV. I encourage you to look at that document, especially page one has a few bullet points that'll hopefully clarify things.

Molly Tasso: Thanks, Christine. And then if you want to stay on for one more, sort of circling back to the dual eligibility topic, are there any benefits for clients to enroll in Medicare if they are receiving Medicaid?

Christine Luong: Again, this is a dual eligibility question. Medicare and Medicaid are two separate health coverage programs. Each of those programs have their own types of benefits and eligibility criteria and so on. If you have a client who happens to be dually eligible for both of those programs, it is advantageous for them to enroll in both programs so that again, they have access to benefits from both Medicare and Medicaid. Additionally, when someone is dually eligible, what happens is the state Medicaid program will pay for some or all of the person's Medicare-related costs. Depending on their income level and assets, they can also be eligible for the Extra Help program for prescription drug coverage. The bottom line is yes, clients should enroll in both Medicare and Medicaid if they find themselves to be dually eligible for both programs.

Molly Tasso: Great. Thank you, Christine. Really for Christine, Anne, or anyone who wants to jump in, this is not so much a question as a comment that someone chatted in, that is very helpful. We just wanted to see if anyone has anything to add, but this person noted that Medigap is standardized, which means that all plans with the same letter, so A, B, C, D, et cetera,



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those pay exactly the same, and that was something that we learned today. Anne, Christine, I didn't know if either of you had something else to add around that.

Anne Callachan: I can certainly take this. Generally, based on the kind of Medigap plans, I think most states in this country actually probably use letters. I work in a state that doesn't so the whole concept of it is a little bit confusing, but if you're in a Medigap type A plan, yes, the benefits in that plan, regardless of which insurance carrier offers that plan, are going to be the same. Even if Blue Cross Blue Shield charges more for their plan than United Healthcare, the core benefits of an A plan or a B plan or different terminology that might be used in your state, would be the same.

Molly Tasso: Great. Thank you. And thank you Judy, for bringing that to our attention. Next question here again, around Medicaid a bit. Is Medicaid considered creditable drug coverage in place of Part D? Christina or Anne, if either of you want to take that.

Christine Luong: I can get started and Anne, you can chime in. Again, it's a question about dual eligibility. If you have Medicaid and Medicare, Medicaid can be considered creditable drug coverage in place of Medicare Part D. But in most cases, I would say that there is going to be a small cost or small co-pay associated with some medications. In this situation, it's really dependent on the client's specific situation. If your client qualifies for what's called full coverage or full benefit Medicaid, then sometimes, all their costs will be covered. There's also the Extra Help program also called the Part D Low-Income Subsidy. I mean, what that does is basically for clients who are fully eligible, reduces or completely eliminates their Medicare Part D costs. Anne, do you want to jump in here?

Anne Callachan: I mean, basically, my take on this question is that generally somebody who is dual eligible with Medicaid and Medicare in their state would qualify for Extra Help Low-Income Subsidy



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that helps with their Medicare drug coverage and get automatically enrolled into a Medicare Part D plan and may have temporary coverage through what Christine was referring to as that LINET while they're waiting for their Part D coverage to start. I guess for me, in the state of Massachusetts, if a client had Medicare A and B, our state's Medicaid program would not pay for most of the client's drugs without Medicare drug coverage, because Medicaid is the payer of last resort and Medicare is the primary coverage. I hope that help sort of a little to clarify that.

Molly Tasso: Yes. Thank you both. Amy question for you, is the new injectable long-acting ART medication for HIV covered by Medicare Part B?

Amy Killelea: That is a very good question. As an injectable medication that is administered by a provider, the long-acting injectable ARV is actually not covered in the traditional path of Medicare Part D, which we've been talking about, it's a Medicare Part B benefit. That is where you look for coverage. It can either be covered by a traditional Medicare Part B or Medicare Advantage plans. I will say that I think while it is being covered, it is a slower road to full Medicare coverage. There's a national coverage determination that's been submitted to Medicare so that Medicare can make a sort of formal statement about whether the drug should be covered into what extent. But right now, it's certainly being covered in Medicare Advantage plans in particular, but expect that it's going to be a slower rollout just as it has been for ADAP's and for other payers. But you're looking at Medicare Part B, as in boy, not Part D where you look for, for other drugs.

Molly Tasso: Thank you, Amy. Another couple questions for you. This is a sort of case study of sorts. An individual who began receiving SSI age 63, has HIV in a number of comorbidities and is currently enrolled in Medicaid. His coverage may be discontinued later this summer, and he's 64 now. Should this person begin the Medicare enrollment process now?



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- Amy Killelea: There's a lot of layers to this question. We'll sort of unpack them. First, there is a reference, and I just want to sort of spell it out to the potential loss of Medicaid coverage as a result of the federal Public Health Emergency ending. A couple of things to know about that. We've been in a federal Public Health Emergency status that has been renewed continuously for the past couple of years. It is expected that at some point, the formal Public Health Emergency will end. Why that's related to Medicaid coverage is that, state Medicaid programs got a significant bump in federal funding during the sort of crisis of the pandemic and the trade off for that additional federal funding for those state Medicaid programs was that those Medicaid programs could not kick anybody off the rolls, couldn't go through the normal Medicaid redetermination processes.
- Amy Killelea: So essentially, we've had a state of continuous coverage in Medicaid. What that means is that there are probably folks on Medicaid, including Ryan White clients and people with HIV who, when the redetermination for Medicaid eligibility begins again, will likely no longer be eligible for the program. Just to sort of spell that out for everybody, so you could see that coverage ending. I want to note though, number one, the Public Health Emergency has not ended yet. Right now, it's in effect to mid July. We'll know in the next week or so couple weeks, whether or not there's going to be an extension, or whether state should prepare to start doing their Medicaid redeterminations again, so essentially ending Medicaid continuous coverage. I just want to note, it's too early to tell when someone might lose coverage or when the Medicaid continuous coverage provisions are going to end.
- Amy Killelea: We don't know that yet. We should keep an eye out for the next couple weeks. I'm sure the ACE TA Center will share out that information to folks as they know it. And then the other question in terms of when should you start applying for Medicare? I think, it makes sense to be prepared and to sort of understand what are the processes for applying to

Medicare? What does eligibility look like? What's income and all of that. But as was walked through in the slides in the presentation, the actual application based on age, so I'm sort of making an assumption that we're talking about Medicare eligibility as someone turned 65, that wouldn't be able to happen. The earliest that would happen is three months before that person turned 65. There are certainly things that then one can do to prepare, but in terms of actual application there, it's a little bit of a wait until you hit that three month away from the birthdate time.

Molly Tasso: Great. Thanks, Amy. While you're on, another question for you, are there ways for Part B premiums to be reimbursed through external programs, for example, through a co-pay assistance program?

Amy Killelea: I'm sort of taking this question in two ways. One, I will say, in terms of Ryan White co-pay assistance programs and reimbursement or insurance assistance programs, as I think Anne stated, there is a pretty sort of set in stone, hard-fast policy that Ryan White recipients cannot directly reimburse clients. If you're talking about a situation where the client would be reimbursed, that's not possible, and then we talked about the issues with the premium piece of it being practically very, very difficult for the Medicare Part B premium to be paid if someone's receiving Social Security benefits.

Amy Killelea: The one thing I want to flag that I didn't in the last question is that there are some Medicare Advantage plans that actually pay either all or a portion of someone's Medicare Part B premium. This is like an exception to the rule that Social Security Administration will not take third party payments. They will take third party payments from a Medicare Advantage plan. That is just one of like the sort of extra benefits that a Medicare Advantage plan could offer. Not all of them do, it's few and far between, but that's one small sliver of an option to get some extra assistance with that Medicare Part B premium.



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- Molly Tasso: Great. Thanks, Amy. Let's see here. Anne, couple questions here. Is it true that if you enroll in an advantage plan and then a Part D plan that you will be disenrolled from the Medicare Advantage plan and enrolled into original Medicare?
- Anne Callachan: Yes. One enrollment supersedes the other. The second you enroll in that Part D plan after you've already enrolled in a Medicare Advantage plan, you're then going to go back to original Medicare and into the Part D plan and vice versa.
- Molly Tasso: Thank you. This is a great question here, too. Can clients just call the Social Security Administration office and check to see how many credits they have?
- Anne Callachan: Yes, they can do that. They can also create a [socialsecurity.gov](https://www.socialsecurity.gov) individual login and see if they have the 40 credits, that way as well, or how many more credits they need. Might be easier than calling Social Security itself.
- Molly Tasso: Thank you. That's a helpful tip. Another question here, sort of generally about the Marketplace to Medicare transition. This person asked, or they said, especially late in the year, the Marketplace plan has paid up deductible in the out of pocket max plus a lower premium than Medicare. I think maybe generally, can you provide some more discussion around that transition?
- Anne Callachan: People who are eligible for premium-free Medicare Part A lose their eligibility to stay enrolled in a plan through the Marketplace exchange and they lose their eligibility for any subsidies or tax credits that might lower the cost of those Marketplace plans. The marketplace and Social Security don't communicate particularly well together. A client might become eligible for Medicare, even enrolling premium-free Part A if they're eligible, and sometimes keep that Marketplace coverage for a while. But as soon as the Marketplace realizes that a client has premium-free Medicare Part A, that Marketplace coverage will end. Clients



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who are turning 65 should be very careful from disenrolling in a Marketplace plan and enrolling in all the pieces of Medicare that they need to avoid delays in enrollment, late enrollment penalties, and Marketplace coverage terming suddenly.

Molly Tasso: Great. Thank you, Anne. Christine, another dual eligibility question for you, and I'll consider this like a sneak peek, an appetizer for the dual eligibility presentation that we are going to be hosting later this spring and summer. Christine, can you tell us what are sort of the basic requirements of dual eligibility?

Christine Luong: Sure thing. The bare bones, very basic answer is that to be dual eligible, you have to be eligible for both programs. For Medicare, you become eligible by either being age 65 or older, by being under age 65, but with a qualifying disability, as I've noted before, or if you have end-stage renal disease. Those are the three eligibility pathways for Medicare. For Medicaid, this is state specific, but generally, you have to have a state-specific income or asset limit level. If you are below that income threshold and/or also belong to, what's called a specific population group, such as older adults, people who are pregnant or children, if you fall into one of those categories and/or have low income as determined by your state, then you'll be eligible for Medicaid. If you think of it as a Venn diagram, if you're eligible for both programs and you're in the middle, your net dual eligibility sort of a bit in the middle. Specifically for Medicaid, I would recommend that you reach out to your state's Medicaid agency or their website directly, just because that can vary state by state.

Molly Tasso: Thank you, Christine. My colleague, Carrie chatted in the link to register for the June 8th Dual Eligibility Webinar in the chat. Please, if you are interested, please follow that link and sign up there. Amy, I'm going to turn to you for a moment. This person remarked that some clients may prefer a Medicare Advantage plan that has cashback features like



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gift cards for shopping, but those plans have a higher deductible than the same plan without the cashback. What are your thoughts on those plans that have that feature?

Amy Killelea: I think this is a sort of important reminder that there's no sort of quick rule of thumb of what's best when you're comparing both, is the choice for a client between a Medicare Advantage plan or traditional Medicare, which one is best, or even within all of the different options of Medicare Advantage plans, which one is best. Looking at the different features and certainly cashback features, features of sort of different and extra benefits that different plans choose to add on, that all makes really good sense. In addition to comparing the cost sharing, and so the person mentions the deductible trade off that it's a higher deductible but you're getting the cashback option. Looking at provider networks is always really, really important.

Amy Killelea: But I think, one thing to note here is that it's also an incredibly sort of individual assessment because what we don't know through the question is the extent to which there is Ryan White support available. And that makes a difference, too. What you're willing to trade off, what a client might be able to trade off in terms of a high-deductible matters if you've got Ryan White assistance that's helping to fray some of that cost-sharing expense for Medicare. It is likely not a satisfying answer. It is all a, sort of, it depends, but certainly it makes good sense when looking at Medicare Advantage plans to look at the different extra services like the payment of the Medicare Part B premiums that I mentioned earlier, like the value added benefit. Somebody in the chat mentioned vision and dental services. You should look at all of the bells and whistles and the different services that the Medicare Advantage plans offer.

Molly Tasso: Thanks, Amy. Sort of along the same line of discussion around sort of looking at a plan holistically and sort of understanding the trade offs. Another question here asking



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for consensus opinion or thoughts really of you all as to whether someone turning 65 with employer coverage should or should not just enroll in both Part A and Part B.

Amy Killelea: I'm going to let Anne chime in, too. I mean, I will say like, it's so fact dependent. I mean, some of it, it depends on the size of the employer. It depends on the scope of coverage. If you've got really good coverage through your employer, that might make a difference. You really have to kind of look at a full comparison of what you're getting, and then also know that the rules are slightly different depending on the size of your employer. But, Anne, you may have more to add to that.

Anne Callachan: Again, it's always best to check with your employer when you are turning 65. Some employers may require, or may want you to pick up Part A if it's premium-free, some employers might require you to enroll in both Parts A and B. Sometimes your coverage might be better if you opt into both. People who have federal coverage through their employer, their out-of-pocket costs are smaller if they enroll in both A and B, as opposed to just opting into A. It really is a good idea to reach out to your employer to see what the best thing is.

Molly Tasso: Thank you both. I will take this moment to just sort of highlight the fact that the process of taking into consideration everything that a client or a person may need to consider when making these decisions, that's why it's so helpful to have enrollment assistance. Someone like Anne, who is a certified SHIP counselor, who knows this world, like the back of our hands and can help clients navigate this pretty tricky situation at times. That's why we are always supporting and advocating getting enrollment assistance when making these important changes. I think we're just going to take at least one more quick question before wrapping up. Anne, really quickly, what is a five-star Medicare Advantage plan?

Anne Callachan: I mean, in this state that I worked in, we have all of our plans offered by an insurance carrier named Tufts, our five-

star plans. Basically, what that means is you can access a five-star special enrollment period outside of the Medicare Open Enrollment Period to enroll in the Tufts five-star plan. It is a rating system that Medicare sets up that I believe both beneficiaries can vote and providers who work for those plans can determine that this particular insurance carriers' plans are the five-star plans. Our state used to have a Part D five-star plan, but does no longer have one. So, could vary whether or not there are plans offered in your state that meet that five-star special enrollment period that can be used outside of open enrollment and whether or not that's both a Medicare Advantage or a standalone Part D plan or only one versus the other.

Molly Tasso: Great. Thank you, Anne. We'll take one more question for Christine and please stay on afterwards so we can share with you the information for the rest of the webinar series before we wrap up. But Christine, we've received a few questions around generally the topic or process of someone who is currently enrolled in Medicaid and then becoming eligible for Medicare. What does that do to their Medicaid eligibility? Do they need to reapply? Are they then Medicaid ineligible? What does that look like?

Christine Luong: That's a really good question because becoming eligible for Medicare doesn't necessarily mean that your client will lose their Medicaid coverage. Again, this is really dependent on your state Medicaid program's policies in regards to renewals or reapplying for coverage. I can give a quick example. In Massachusetts, Anne or others feel free to chime in, if a person is under 65 qualifies for Medicaid or MassHealth, as it's known here, you're subject to a certain level of income limits. However, when that person turns 65, they have to reapply for coverage because the income limit that they were held to, has actually changed, it's actually going to be a little bit higher. There were some cases where people who've had Medicaid in Massachusetts for a long time, they turn 65 and then suddenly they're no longer



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eligible. Again, this depends on your state Medicaid program. Anne, I see you're off mute, do you want to chime in?

Anne Callachan: I mean, I can confirm that. In Massachusetts, the eligibility for Medicaid, it's a lower income point once you turn 65, it doesn't really make too much sense. Plus Massachusetts then starts to consider your assets in determining your eligibility and it's a pretty low asset threshold to still qualify, so clients should reapply. I feel there is a lot of expanded eligibility for programs like the Medicare Savings Programs that while it might not be as comprehensive as maybe full Medicare coverage, it can pay Medicare premiums, help with the gaps in Medicare A and B sometimes, but simply becoming Medicare eligible either prior to age 65 or after, doesn't necessarily Medicare eligible, doesn't necessarily mean that you'll lose your Medicaid.

Molly Tasso: Great, thank you for that clarifying information. And that, we are about at time. Thank you to our wonderful expert panel. So helpful to have you on to share all your knowledge and expertise. If we just want to quickly go to the next slide, as I've mentioned a couple times today, today was the first webinar in our four part series. If we could go to the next slide, next Tuesday, May 10th, a week from today, we are going to be doing the second part of our Medicare piece, it's around Medicare enrollment and coverage.

Molly Tasso: After that, on June 1st is Medicaid Eligibility and Enrollment, which is a completely brand new presentation, all new material that will just be a live sort of the standard webinar format. Thanks, Michelle and Carrie. And then on June 8th, we have the Medicaid Medicare Dual Eligibility Presentation. Again, brand new content and material. We'll also be releasing some associated resources and tools with these webinars. So we're very excited to be sort of kicking out this series. Again, hope that you join us for all of the sessions.



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Molly Tasso: Please, if you could keep your webinar window open when we're done with today's presentation and complete the evaluation when it pops up, we would really appreciate that. We really want to hear your thoughts on both this type of webinar format and also sort of the topics that we're providing information around so we can continue to engage and build your capacity on these important topics. You can also sign up for our mailing list. If you want to go to the next slide, you'll see again, our website and our email address, targethiv.org/ace. You can email us anytime acetacenter@jsi.com. Again, thank you so much. We hope to see you next week. Until then, take care. Thank you.